



Form BCTA Brownfields Credit Transfer Application

2010

Massachusetts
Department of
Revenue

For calendar year 2010 or taxable year beginning

and ending

Name of company/nonprofit organization

Federal Identification or Social Security number

Mailing address

City/Town

State

Zip

Name of contact person

Telephone

E-mail address

Type of entity:

☐ Corporation ☐ Trust ☐ Partnership ☐ Sole proprietorship ☐ LLC ☐ Nonprofit ☐ Other:

Certificate number issued by DOR

Certificate expiration date

Amount of Brownfields credit in line 1 to be transferred with this application

1 Brownfields credit amount eligible for transfer (amount on line 1 of Form BCC unused by the taxpayer/transferor) **1**

Note: The taxpayer desiring to make a transfer, sale or assignment of a Brownfields credit must submit to the Commissioner a statement describing the amount of the credit, which is eligible for such a transfer, sale or assignment. See M.G.L. Ch. 63, sec. 38Q(g) and M.G.L. Ch. 62, sec. 6(j)(5).

Name of purchasing company

Federal Identification or Social Security number

Mailing address

City/Town

State

Zip

I declare under the pains and penalties of perjury that to the best of my knowledge, the information contained herein is accurate and complete.

Signature

Title of authorized representative

Date

A copy of Form BCC must be enclosed with this application. Mail to: **Massachusetts Department of Revenue, Audit Division, 200 Arlington Street, Room 4300, Chelsea, MA 02150, attn.: Brownfields Unit.**

On this day of , 20 , before me, the undersigned notary public, personally appeared , provided to me through satisfactory evidence of identification, which was , to be the person whose name was signed above, and who swore or affirmed to me that the private financial assistance specified in line 1 above has been provided.

Signature of notary public

Date of expiration of commission

Notary seal